



MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51					
2	/					52					
3	/					53					
4	/					54					
5	/					55					
6	/					56					
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39	/					89					
40	/					90					
41	/					91					
42	/					92					
43	/					93					
44	/					94					
45	/					95					
46	/					96					
47	/					97					
48	/					98					
49	/					99					
50	/					100					
TOTAL IND.	1					TOTAL IND.					
TOTAL DEP.	36					TOTAL DEP.					
TOTAL CLAIMS	36					TOTAL CLAIMS					

Best Available Copy